FORM D

SECURITIES AND EXCHANGE COMMISSION U.S.

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

PROCESSED

MAR 27 2002

THOMSON ENANCIA

SEC USE ONLY

OMB Number: 3235-0076 Expires: May 31, 2002

Estimated average burden

hours per response16.00

Prefix

DATE RECEIVED

Serial

Name of Offering (I check if this is an amendment and name has changed, and indicate change.)

CardinalCommerce Corporation

Filing Under (Check box(es) that apply):

Rule 504 Rule 505 Rule 506 Section 4(6) ULOE

Type of Filing: New Filing Amendment

A. BASIC IDENTIFICATION DATA

0.5

(440) 352-8444

Enter the information requested about the issuer

Name of Issuer (I check if this is an amendment and name has changed, and indicate change.)

CardinalCommerce Corporation

Address of Executive Offices

(Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

A 4 4 4 4 4 4 4 4

6119 Heisley Road, Mentor, Ohio 44060

Address of Principal Business Operations

(Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

(if different from Executive Offices) SAME

Brief Description of Business Authentication agent for internet-facilitated transactions in commerce

Type of Business Organization

corporation

[] limited partnership, already formed I limited partnership, to be formed

other (please specify):

business trust

[0][0] 🖾 Actual 🛚 Estimated

Actual or Estimated Date of Incorporation or Organization: [1][1] Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

[D][E]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Pan C. and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

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A. BASIC IDENTIFICATION DATA
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
Each executive officer and director of corporate issuer and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner (Managing Member)
Full Name (Last name first, if individual) Keresman, III, Michael A.
Business or Residence Address (Number and Street, City, State, Zip Code) 6119 Heisley Road, Mentor, Ohio 44060
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Balasubramanian, Chandra S.
Business or Residence Address (Number and Street, City, State, Zip Code) 6119 Heisley Road, Mentor, Ohio 44060
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Sherwin, II, Francis M.
Business or Residence Address (Number and Street, City, State, Zip Code) 6119 Heisley Road, Mentor, Ohio 44060
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Lazzaro, John R.
Business or Residence Address (Number and Street, City, State, Zip Code) 6119 Heisley Road, Mentor, Ohio 44060
Check Box(es) that Apply:
Full Name (Last name first, if individual) Myles, Kendall G.
Business or Residence Address (Number and Street, City, State, Zip Code) 6119 Heisley Road, Mentor, Ohio 44060
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Boland, James C.
Business or Residence Address (Number and Street, City, State, Zip Code) 1 Center Court, Cleveland, Ohio 44115
Check Box(es) that Apply:
Full Name (Last name first, if individual) Brandon, Edward C.
Business or Residence Address (Number and Street, City, State, Zip Code) 3201 Enterprise Parkway, Suite 470, Beachwood, Ohio 44122

Check Box(es) that Apply: U Prome	oter U Beneficial Owner	U Executive Officer	⊠ Director	U General and/or Managing Partner	
Full Name (Last name first, if individed Burdman, Lee	dual)				
Business or Residence Address (Nu 5050 Belmont Avenue, Youngstown		te, Zip Code)			
Check Box(es) that Apply: 1 Prome	oter 1 Beneficial Owner	DExecutive Officer	□ Director	General and/or Managing Partner	
Full Name (Last name first, if individed Pollock, Larry	dual)				
Business or Residence Address (Nu 1925 Enterprise Parkway, Twinsburg	imber and Street, City, Sta 3, Ohio 44087	te, Zip Code)			
Check Box(es) that Apply:	oter Beneficial Owner	Executive Officer	☑ Director	I General and/or Managing Partner	
Full Name (Last name first, if individed Schwartz, Dale R.	dual)				
Business or Residence Address (Nu 824 Walnut Street, Boulder, Colorad		te, Zip Code)			
Check Box(es) that Apply:	oter Beneficial Owner	D Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if individ	iual)				<u> </u>
Business or Residence Address (Nu	imber and Street, City, Sta	te, Zip Code)	, ,		
Check Box(es) that Apply: Prome	oter Beneficial Owner	DExecutive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if individ	•			Like Section 1	
Business or Residence Address (Nu	imber and Street, City, Sta	te, Zip Code)		1 + 11 .	
Check Box(es) that Apply: Prome	oter Deneficial Owner	l Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if individ	dual)				
Business or Residence Address (Nu	imber and Street, City, Sta	te, Zip Code)			
Check Box(es) that Apply:	oter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if individ	dual)				
Business or Residence Address (Nu	imber and Street, City, Sta	te, Zip Code)			
Check Box(es) that Apply: Prom	oter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if individ	dual)				
Business or Residence Address (Nu	imber and Street, City, Sta	te, Zip Code)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
J)	Use blank sheet, or copy at	nd use additional copie	s of this shee	t, as necessary.)	
	B. INFOR	RMATION ABOUT O	OFFERING		
					Yes No

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?
2. What is the minimum investment that will be accepted from any individual?
Yes No 3. Does the offering permit joint ownership of a single unit?
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Not Applicable
Full Name (Last name first, if individual) X
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
Name of Associated Broker of Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
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Nam	e of Associated	Broker o	r Dealer									
	es in Which Per eck "All States"										D A1	l States
[AL] [IL] [MT [RI]	[IN]] [NE] [NV	[IA]] [NH]	[KS] [KY	() [LA] (M) [NY]	[ME] [NC]	[MD] [ND]	[MA] [⊠ OI	[IM] H]	[HI] [MN] [OK] [WI]	[MS] [OR]	[PA]	
	(U	se blank sl	heet, or cop	y and use	addition	nal copie	es of th	is sheet	, as nece	essary.)		·····
	C. OFFERI	NG PRIC	E, NUMBE	R OF IN	VESTO	ORS, EX	XPENS	ES AN	D USE	OF PR	ROCEED	<u>s</u>
	Enter the aggroffering and the "none" or "zero this box and securities offer	e total am o." If the indicate	nount alread transaction in the colur	ly sold. E is an exch nns belov	Enter "0' nange of v the an	" if ansy ffering, on founts o	wer is check	Δαα	rregate	e,	Amount	
	Type of Se	curity						Aggregate Amount Offering Price Already Sold				d
* 1	.Debt	•••••						\$1,00	00,000	\$5	60,000	
												18.15
	Equity	************			••••••			- \$	0.	\$	0	
		☐ Cor	nmon 🗆	Preferred								
	Convertibl	e Securitie	es (includin	g warrants	s)			\$	0	\$	0	
	Partnership	Interests		***********	••••••	,		\$	0	\$	0	
	Other (Spe	cify)					•••••	\$	0	\$	0	
	Tot	al	•••••				•••••	\$1,0	00,000	\$:	560,000	
	Answer also	in Append	lix, Column	3, if filin	g under	ULOE.						
	Enter the num have purchased amounts of the the number of aggregate dollar "0" if answer is	i securitie ir purchas persons r amount	es in this offees. For offees who have of their pure	fering and erings und purchase	the agg er Rule d secur	gregate of 504, indicates an	dollar dicate d the		ember estors	Dol	gregate lar Amount o Purchases	
	Accredited	Investors						1	.6	\$:	560,000	
	Non-accred	lited Inves	stors		•••••				0	\$	0	
	Tot	al (for fili	ngs under R	tule 504 o	nly)					\$		
	Answer also	in Append	dix, Columr	ı 4, if filin	g under	ULOE.						
3.	If this filing is	for an o	ffering und	er Rule 5	04 or 5	05, ente	er the					

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	information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Not Applicable	Type of Security	Dollar Amount Sold
	Type of offering		
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		٥
	Printing and Engraving Costs		■ \$ 1,000
	Legal Fees		\$ 33,000
	Accounting Fees		\$ 0
	Engineering Fees		J D \$ 0
	Sales Commissions (Specify finders' fees separately)		
	Filing Fees		5 0
	Other Expenses (identify) (Placement Fees)		0 \$ 0
	Total		፟ \$34,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$ 528,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.

	Off	ments icers, Directors of Affiliates			Payments to Others
Salaries and fees	\boxtimes	\$221,20	0	\boxtimes	\$ 200,000
Purchase of real estate		\$			\$
Purchase, rental or leasing and installation of machinery and equipment		\$		0	\$
Construction or leasing of plant buildings and facilities		\$			\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)					
Repayment of indebtedness		3			\$ 0
Short Term Bank Debt		3		\boxtimes	\$ 0
Trade Debt		3		\boxtimes	\$ 0
Working Capital		3		\boxtimes	\$106,800
Other (specify):	0 9	3			\$
Column Totals:	\boxtimes	\$221,200)	\boxtimes	\$306,800
Total Payments Listed (column totals added)	0\$	-0-		\boxtimes	\$528,000

D.	FEDER	Al.	SIGN	A	TURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to garagraph (b)(2) of Rule 502.

Signature

CardinalCommerce Corporation

Name of Signer (Print or Type)

Signature

3/4/02

Title A Signer (Print or Type)

Michael A. Kerrsman, II President, Chief Executive Office & Chairman

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

APPENDIX	
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ı	2		3	4				5		
	Intend to sell to non-accred investors in S (Part B - Iten	dited State	Type of Security and aggregate offering price offered in state (Part C - Item 1)		Type of in amount purch (Part C -	ased in State		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)		
S	Vari			Number of Accredited		Number of Non- Accredited		V		
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
AL										
AK									<u> </u>	
AZ										
AR					i					
CA										
со										
CT										
DE	-				}					
DC						- (
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KY										
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IVI. I		<u>L</u>	<u> </u>		<u> </u>				L	

APPENDIX

1	Intend to sell to non-accrecinvestors in S	dited State	3 Type of Security and aggregate offering price offered in state*	4	Type of in amount purch	nased in State		under S (if ye explai waiver	alification state ULOE ss, attach nation of r granted)
State	(Part B - Iten	No No	(Part C - liem 1)	Number of Accredited Investors	Accredited Non-				No
NE								Yes	
NV									
NH									
NJ									
NM									
NY			1 Non- Negotiable Convertible Promissory Note (\$10,000)	1	\$10,000		\$10,000		х
NC									
ND					,				
ОН			15 Non- Negotiable Convertible Promissory Notes (\$550,000)	15	\$550,00	-0-	\$550,000		x
ок									
OR									
PA									
Rl									
sc									
SD								<u> </u>	
TN		·							
TX									
UT									
VT					1			<u> </u>	
					<u> </u>				
VA								 	
WA					1			 	
WV					1			†	
WI		ļ						<u> </u>	
WY				_					
PR	<u> </u>	<u> </u>		<u> </u>	}		<u> </u>		

^{*}units consisting in the aggregate, of 53,600 shares of Class A Common Stock (\$500,000) and 2 Convertible Promissory Notes (\$1,500,000) (\$100,000 Per Unit)

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